

| <b>United States Bankruptcy Court<br/>Northern District of Illinois</b>  |   |   |  |  |  |   | <b>Voluntary Petition</b>                               |   |  |   |   |   |  |   |  |   |   |   |  |
|--|---|---|--|--|--|---|---|---|--|---|---|---|--|---|--|---|---|---|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Robinson, Sophia P</b>  |   |   |  | Name of Joint Debtor (Spouse) (Last, First, Middle):   |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):  |   |   |  | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):      |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>1262</b>   |   |   |  | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| Street Address of Debtor (No. & Street, City, State & Zip Code):<br><b>4214 204th St<br/>Matteson, IL</b>  |   |   |  | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):   |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| ZIPCODE <b>60443-1706</b>  |   |   |  | ZIPCODE  |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| County of Residence or of the Principal Place of Business:<br><b>Cook</b>  |   |   |  | County of Residence or of the Principal Place of Business:   |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| Mailing Address of Debtor (if different from street address)   |   |   |  | Mailing Address of Joint Debtor (if different from street address):  |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| ZIPCODE  |   |   |  | ZIPCODE  |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| Location of Principal Assets of Business Debtor (if different from street address above):  |   |   |  |  |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| ZIPCODE  |   |   |  |  |  |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check <b>one</b> box.)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities,<br>check this box and state type of entity below.)<br>_____  |   |   | <b>Nature of Business</b><br>(Check <b>one</b> box.)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11<br>U.S.C. § 101(51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other<br>_____<br><b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><input type="checkbox"/> Debtor is a tax-exempt organization under<br>Title 26 of the United States Code (the<br>Internal Revenue Code). |  |  | <b>Chapter of Bankruptcy Code Under Which<br/>the Petition is Filed</b> (Check <b>one</b> box.)<br><input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for<br>Recognition of a Foreign<br>Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for<br>Recognition of a Foreign<br>Nonmain Proceeding<br>_____<br><b>Nature of Debts</b><br>(Check one box.)<br><input checked="" type="checkbox"/> Debts are primarily consumer<br>debts, defined in 11 U.S.C.<br>§ 101(8) as "incurred by an<br>individual primarily for a<br>personal, family, or house-<br>hold purpose."<br><input type="checkbox"/> Debts are primarily<br>business debts. |   |   |  |   |   |   |  |   |  |   |   |   |  |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must<br>attach signed application for the court's consideration certifying that the debtor<br>is unable to pay fee except in installments. Rule 1006(b). See Official Form<br>3A.<br><input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must<br>attach signed application for the court's consideration. See Official Form 3B.   |   |   |  |  | <b>Chapter 11 Debtors</b><br><b>Check one box:</b><br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><b>Check if:</b><br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or<br>affiliates are less than \$2,190,000.<br>-----<br><b>Check all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of<br>creditors, in accordance with 11 U.S.C. § 1126(b). |   |   |   |  |   |   |   |  |   |  |   |   |   |  |
| <b>Statistical/Administrative Information</b><br><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for<br>distribution to unsecured creditors.  |   |   |  |  |  |   |   |   | <b>THIS SPACE IS FOR<br/>COURT USE ONLY</b>    |   |   |   |  |   |  |   |   |   |  |
| Estimated Number of Creditors<br><table style="width:100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>  |   |   |  |  |  |   |   |   |  | <input type="checkbox"/> 1-49                             | <input checked="" type="checkbox"/> 50-99       | <input type="checkbox"/> 100-199                  | <input type="checkbox"/> 200-999                     | <input type="checkbox"/> 1,000-5,000                  | <input type="checkbox"/> 5,001-10,000                  | <input type="checkbox"/> 10,001-25,000                  | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000               | <input type="checkbox"/> Over 100,000          |
| <input type="checkbox"/> 1-49  | <input checked="" type="checkbox"/> 50-99                 | <input type="checkbox"/> 100-199                | <input type="checkbox"/> 200-999   | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 10,001-25,000  | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000               |  | <input type="checkbox"/> Over 100,000                     |   |   |  |   |  |   |   |   |  |
| Estimated Assets<br><table style="width:100%; border-collapse: collapse;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>      |   |   |  |  |  |   |   |   |  | <input checked="" type="checkbox"/> \$0 to \$50,000       | <input type="checkbox"/> \$50,001 to \$100,000  | <input type="checkbox"/> \$100,001 to \$500,000   | <input type="checkbox"/> \$500,001 to \$1 million    | <input type="checkbox"/> \$1,000,001 to \$10 million  | <input type="checkbox"/> \$10,000,001 to \$50 million  | <input type="checkbox"/> \$50,000,001 to \$100 million  | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |
| <input checked="" type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000            | <input type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million  | <input type="checkbox"/> \$1,000,001 to \$10 million   | <input type="checkbox"/> \$10,000,001 to \$50 million  | <input type="checkbox"/> \$50,000,001 to \$100 million  | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |   |   |   |  |   |  |   |   |   |  |
| Estimated Liabilities<br><table style="width:100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table> |   |   |  |  |  |   |   |   | <input type="checkbox"/> \$0 to \$50,000       | <input checked="" type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion   | <input type="checkbox"/> More than \$1 billion        |  |
| <input type="checkbox"/> \$0 to \$50,000   | <input checked="" type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million  | <input type="checkbox"/> \$1,000,001 to \$10 million   | <input type="checkbox"/> \$10,000,001 to \$50 million  | <input type="checkbox"/> \$50,000,001 to \$100 million  | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |   |   |   |  |   |  |   |   |   |  |

|  |  |  |             |
|--|--|--|-------------|
| <b>Voluntary Petition</b><br>(This page must be completed and filed in every case)   |  | Name of Debtor(s):<br><b>Robinson, Sophia P</b>  |             |
| <b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)   |  |  |             |
| Location<br>Where Filed: <b>None</b>   |  | Case Number:   | Date Filed: |
| Location<br>Where Filed:   |  | Case Number:   | Date Filed: |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |  |  |             |
| Name of Debtor:<br><b>None</b>   |  | Case Number:   | Date Filed: |
| District:  |  | Relationship:  | Judge:      |
| <b>Exhibit A</b><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)<br><br><input type="checkbox"/> Exhibit A is attached and made a part of this petition.   |  | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.<br><br><b>X /s/ Troy L Gleason</b> <b>3/20/09</b><br>Signature of Attorney for Debtor(s) Date |             |
| <b>Exhibit C</b><br>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?<br><br><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No  |  |  |             |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)<br><br><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.<br><br>If this is a joint petition:<br><br><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.   |  |  |             |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box.)<br><br><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.  |  |  |             |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)<br><br><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)<br><br>_____<br>(Name of landlord or lessor that obtained judgment)<br><br>_____<br>(Address of landlord or lessor)<br><br><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and<br><br><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.<br><br><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). |  |  |             |

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Robinson, Sophia P**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Sophia P Robinson**

Signature of Debtor

**Sophia P Robinson**

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**March 20, 2009**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X /s/ Troy L Gleason**

Signature of Attorney for Debtor(s)

**Troy L Gleason 6276510**

**Gleason & Gleason**

**77 W Washington, Ste 1218**

**Chicago, IL 60602**

**(312) 578-9530 Fax: (312) 578-9524**

**troy@chicagobk.com**

**March 20, 2009**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

B201 (12/08)

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Robinson, Sophia P**  
Printed Name(s) of Debtor(s)

**X /s/ Sophia P Robinson**  
Signature of Debtor

**3/20/2009**  
Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Joint Debtor (if any)

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|---|------------------------------------|---|-------------------------|
| None                                 |   |                                    |   |                         |
| TOTAL                                |   |                                    | 0.00  |                         |

(Report also on Summary of Schedules)

IN RE Robinson, Sophia P

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY  | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 1. Cash on hand.  | X                |   |                                       |  |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                       | X                |   |                                       |  |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   | X                |   |                                       |  |
| 4. Household goods and furnishings, include audio, video, and computer equipment.   |                  | Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.          |                                       | 1,000.00   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.   |                  | Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles |                                       | 250.00   |
| 6. Wearing apparel.   |                  | Used Clothing   |                                       | 250.00   |
| 7. Furs and jewelry.  |                  | Misc Costume Jewelry  |                                       | 100.00   |
| 8. Firearms and sports, photographic, and other hobby equipment.  | X                |   |                                       |  |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   |                  | Term life thru work - no cash value   |                                       | 0.00   |
| 10. Annuities. Itemize and name each issue.   | X                |   |                                       |  |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |                                       |  |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |                                       |  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |                                       |  |
| 14. Interests in partnerships or joint ventures. Itemize.   | X                |   |                                       |  |

IN RE Robinson, Sophia P

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.   | <b>X</b>         |                                      |                                       |  |
| 16. Accounts receivable.  | <b>X</b>         |                                      |                                       |  |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | <b>X</b>         |                                      |                                       |  |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | <b>X</b>         |                                      |                                       |  |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | <b>X</b>         |                                      |                                       |  |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b>         |                                      |                                       |  |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | <b>X</b>         |                                      |                                       |  |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <b>X</b>         |                                      |                                       |  |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | <b>X</b>         |                                      |                                       |  |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b>         |                                      |                                       |  |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>04 Pontiac Grand Prix</b>         |                                       | <b>4,750.00</b>  |
| 26. Boats, motors, and accessories.   | <b>X</b>         |                                      |                                       |  |
| 27. Aircraft and accessories.   | <b>X</b>         |                                      |                                       |  |
| 28. Office equipment, furnishings, and supplies.  | <b>X</b>         |                                      |                                       |  |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | <b>X</b>         |                                      |                                       |  |
| 30. Inventory.  | <b>X</b>         |                                      |                                       |  |
| 31. Animals.  | <b>X</b>         |                                      |                                       |  |
| 32. Crops - growing or harvested. Give particulars.   | <b>X</b>         |                                      |                                       |  |



IN RE Robinson, Sophia P

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| 33. Farming equipment and implements.                                   | <b>X</b>         |                                      |                                       |  |
| 34. Farm supplies, chemicals, and feed.                                 | <b>X</b>         |                                      |                                       |  |
| 35. Other personal property of any kind<br>not already listed. Itemize. | <b>X</b>         |                                      |                                       |  |
| <b>TOTAL</b>  |                  |                                      |                                       | <b>6,350.00</b>  |



SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br><i>(See Instructions Above.)</i> | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|---|---|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 3425<br>Crescent Bank And Trus<br>5401 Jefferson Hwy Ste D<br>Harahan, LA 70123-4211                  |   | Installment account opened 2/08<br><br>VALUE \$ 4,750.00   |            |              |          | 8,732.00  | 3,982.00                     |
| ACCOUNT NO.   |   |  |            |              |          |   |                              |
|   |   | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.   |   |  |            |              |          |   |                              |
|   |   | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.   |   |  |            |              |          |   |                              |
|   |   | VALUE \$   |            |              |          |   |                              |
| Subtotal<br>(Total of this page)  |   |  |            |              |          | \$ 8,732.00   | \$ 3,982.00                  |
| Total<br>(Use only on last page)  |   |  |            |              |          | \$ 8,732.00   | \$ 3,982.00                  |

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br><i>(See Instructions Above.)</i>  | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM                |
|--|---|--|------------|--------------|----------|--------------------------------------|
| ACCOUNT NO. 32n1<br>Account Recovery Servi<br>3031 N 114th St<br>Wauwatosa, WI 53222-4208  |   | Open account opened 12/07  |            |              |          | 288.00                               |
| ACCOUNT NO.<br>Us Cellular / Chicago   |   | Assignee or other notification for:<br>Account Recovery Servi                                      |            |              |          |                                      |
| ACCOUNT NO. 6423<br>American Credit Exchan<br>5920 S Rainbow Blvd<br>Las Vegas, NV 89118-4208  |   | Open account opened 4/08   |            |              |          | 7,999.00                             |
| ACCOUNT NO.<br>The College Network   |   | Assignee or other notification for:<br>American Credit Exchan                                      |            |              |          |                                      |
| <div> <div>12 continuation sheets attached</div> <div>Subtotal<br/>(Total of this page)</div> <div>Total<br/>(Use only on last page of the completed Schedule F. Report also on<br/>the Summary of Schedules and, if applicable, on the Statistical<br/>Summary of Certain Liabilities and Related Data.)</div> </div> |   |  |            |              |          | <div>\$ 8,287.00</div> <div>\$</div> |

IN RE Robinson, Sophia P

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                      | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Armor Systems</b>   |   | <b>Collections</b>   |            |              |          | <b>250.00</b>         |
| ACCOUNT NO. <b>8447</b><br><b>Arrow Financial Servic</b><br><b>5996 W Touhy Ave</b><br><b>Niles, IL 60714-4610</b>            |   | <b>Open account opened 3/08</b>  |            |              |          | <b>228.00</b>         |
| ACCOUNT NO.<br><b>Plains Commerce Bank</b>  |   | <b>Assignee or other notification for:<br/>Arrow Financial Servic</b>                              |            |              |          |                       |
| ACCOUNT NO. <b>4913</b><br><b>Associated St James Radiologists</b><br><b>PO Box 3597</b><br><b>Springfield, IL 62708-3597</b> |   | <b>Medical or Dental Bill</b>  |            |              |          | <b>34.00</b>          |
| ACCOUNT NO.<br><b>At &amp; T</b><br><b>PO Box 8100</b><br><b>Aurora, IL 60507-8100</b>  |   | <b>Collections</b>   |            |              |          | <b>50.00</b>          |
| ACCOUNT NO. <b>1676</b><br><b>Aunt Martha's Youth</b><br><b>233 W Joe Orr Rd</b><br><b>Chicago Heights, IL 60411-1744</b>     |   | <b>Medical or Dental Bill</b>  |            |              |          | <b>50.00</b>          |
| ACCOUNT NO.<br><b>Bank Of America</b><br><b>PO Box 17322</b><br><b>Baltimore, MD 21297-0420</b>                               |   | <b>Collections</b>   |            |              |          | <b>100.00</b>         |

Sheet no. 1 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **712.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                 | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>1420</b><br><b>Cavalry Portfolio Serv</b><br><b>7 Skyline Dr Ste 3</b><br><b>Hawthorne, NY 10532-2162</b> |   | <b>Open account opened 3/06</b>  |            |              |          | <b>254.00</b>         |
| ACCOUNT NO.<br><b>At T</b>   |   | <b>Assignee or other notification for:</b><br><b>Cavalry Portfolio Serv</b>                        |            |              |          |                       |
| ACCOUNT NO. <b>937</b><br><b>Certegy Payment Recovery</b><br><b>3500 5th St</b><br><b>Northport, AL 35476-4723</b>       |   | <b>Collections</b>   |            |              |          | <b>80.00</b>          |
| ACCOUNT NO.<br><b>Supervalue Jewel Osco</b>  |   | <b>Assignee or other notification for:</b><br><b>Certegy Payment Recovery</b>                      |            |              |          |                       |
| ACCOUNT NO. <b>0570</b><br><b>Chase Tax Related Products</b><br><b>PO Box 1250</b><br><b>Worthington, OH 43085-1250</b>  |   | <b>Collections</b>   |            |              |          | <b>3,181.00</b>       |
| ACCOUNT NO. <b>8901</b><br><b>Collect Sys</b><br><b>8 S Michigan Ave</b><br><b>Chicago, IL 60603-3357</b>                |   |  |            |              |          | <b>221.00</b>         |
| ACCOUNT NO.<br><b>Med1 South Suburban Hospital</b>   |   | <b>Assignee or other notification for:</b><br><b>Collect Sys</b>                                   |            |              |          |                       |

Sheet no. 2 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,736.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Robinson, Sophia P

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                            | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>3749</b><br><b>Collmasters</b><br><b>205 W Randolph St</b><br><b>Chicago, IL 60606-1867</b>                          |   |  |            |              |          | <b>1,075.00</b>       |
| ACCOUNT NO.<br><b>01 Us Bank</b>  |   | <b>Assignee or other notification for:</b><br><b>Collmasters</b>                                   |            |              |          |                       |
| ACCOUNT NO. <b>5101</b><br><b>Commercial Check Control</b><br><b>7250 Beverly Blvd Ste 200</b><br><b>Los Angeles, CA 90036-2560</b> |   | <b>Collections</b>   |            |              |          | <b>110.00</b>         |
| ACCOUNT NO.<br><b>Jewel Osco</b>  |   | <b>Assignee or other notification for:</b><br><b>Commercial Check Control</b>                      |            |              |          |                       |
| ACCOUNT NO. <b>5391</b><br><b>Credit Protection Asso</b><br><b>13355 Noel Rd Ste 2100</b><br><b>Dallas, TX 75240-6837</b>           |   | <b>Open account opened 11/08</b>   |            |              |          | <b>369.00</b>         |
| ACCOUNT NO.<br><b>Comcast</b>   |   | <b>Assignee or other notification for:</b><br><b>Credit Protection Asso</b>                        |            |              |          |                       |
| ACCOUNT NO. <b>8226</b><br><b>Creditors Collection B</b><br><b>755 Almar Pkwy</b><br><b>Bourbonnais, IL 60914-2392</b>              |   | <b>Open account opened 4/07</b>  |            |              |          | <b>618.00</b>         |

Sheet no. **3** of **12** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,172.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$



IN RE Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)               | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Echo Ltd.</b>  |   | <b>Assignee or other notification for:<br/>Creditors Collection B</b>                              |            |              |          |                       |
| ACCOUNT NO. <b>4103</b><br><b>Creditors Collection B</b><br><b>755 Almar Pkwy</b><br><b>Bourbonnais, IL 60914-2392</b> |   | <b>Open account opened 7/07</b>  |            |              |          | <b>436.00</b>         |
| ACCOUNT NO.<br><b>Echo Ltd.</b>  |   | <b>Assignee or other notification for:<br/>Creditors Collection B</b>                              |            |              |          |                       |
| ACCOUNT NO. <b>4458</b><br><b>Credtrs Coll</b><br><b>755 Almar Pkwy</b><br><b>Bourbonnais, IL 60914-2392</b>           |   |  |            |              |          | <b>215.00</b>         |
| ACCOUNT NO.<br><b>Med1 02 Excel Emergency Care Llc</b>   |   | <b>Assignee or other notification for:<br/>Credtrs Coll</b>  |            |              |          |                       |
| ACCOUNT NO. <b>122</b><br><b>CVS</b><br><b>Attn Retail Acct</b><br><b>PO Box 277</b><br><b>Chaska, MN 55318-0277</b>   |   | <b>Collections</b>   |            |              |          | <b>22.86</b>          |
| ACCOUNT NO. <b>2179</b><br><b>Diversifd Co</b><br><b>900 S Highway Dr</b><br><b>Fenton, MO 63026-2042</b>              |   |  |            |              |          | <b>81.00</b>          |

Sheet no. 4 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **754.86**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)        | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Med1 Suburban Emergency Physicians</b>  |   | <b>Assignee or other notification for:<br/>Diversifd Co</b>  |            |              |          |                       |
| ACCOUNT NO.<br><b>Dynasty Properties<br/>250 Yates Ave Ste 1N<br/>Calumet City, IL 60409-1864</b>               |   | <b>Collections</b>   |            |              |          | <b>500.00</b>         |
| ACCOUNT NO. 1476<br><b>Emerg Care And Health Org Ltd<br/>555 W Court St Ste 410<br/>Kankakee, IL 60901-3675</b> |   | <b>Medical or Dental Bill</b>  |            |              |          | <b>618.00</b>         |
| ACCOUNT NO.<br><b>Fifth Third Bank<br/>PO Box 630337<br/>Cincinnati, OH 45263-0337</b>                          |   | <b>Collections</b>   |            |              |          | <b>557.00</b>         |
| ACCOUNT NO.<br><b>Nationwide Credit Inc<br/>2015 Vaughn Rd NW Ste 400<br/>Kennesaw, GA 30144-7802</b>           |   | <b>Assignee or other notification for:<br/>Fifth Third Bank</b>                                    |            |              |          |                       |
| ACCOUNT NO. 9082<br><b>First Choice Loans<br/>407 W Lincoln Hwy<br/>Chicago Heights, IL 60411-2464</b>          |   | <b>Collections</b>   |            |              |          | <b>650.00</b>         |
| ACCOUNT NO. 0094<br><b>Gateway Fin<br/>6200 State St<br/>Saginaw, MI 48603-3490</b>                             |   | <b>Installment account opened 12/05</b>  |            |              |          | <b>4,760.00</b>       |

Sheet no. 5 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,085.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>3513</b><br><b>Gateway Financial Services</b><br><b>Walinski &amp; Trunkett</b><br><b>25 E Washington St Ste 1221</b><br><b>Chicago, IL 60602-1875</b> |   | <b>Judgment</b>  |            |              |          | <b>1,511.00</b>       |
| ACCOUNT NO. <b>0174</b><br><b>Guaranty Bank</b><br><b>PO Box 240200</b><br><b>Milwaukee, WI 53224-9010</b>  |   | <b>Collections</b>   |            |              |          | <b>212.00</b>         |
| ACCOUNT NO.<br><b>Northland Group, Inc</b><br><b>PO Box 390846</b><br><b>Minneapolis, MN 55439-0846</b>   |   | <b>Assignee or other notification for:</b><br><b>Guaranty Bank</b>                                 |            |              |          |                       |
| ACCOUNT NO. <b>6783</b><br><b>I C System</b><br><b>PO Box 64378</b><br><b>Saint Paul, MN 55164-0378</b>   |   |  |            |              |          | <b>90.00</b>          |
| ACCOUNT NO.<br><b>10 Iq Telecom</b>   |   | <b>Assignee or other notification for:</b><br><b>I C System</b>                                    |            |              |          |                       |
| ACCOUNT NO. <b>3001</b><br><b>I C System Inc</b><br><b>PO Box 64378</b><br><b>Saint Paul, MN 55164-0378</b>   |   | <b>Open account opened 3/06</b>  |            |              |          | <b>90.00</b>          |
| ACCOUNT NO.<br><b>Iq Telecom</b>  |   | <b>Assignee or other notification for:</b><br><b>I C System Inc</b>                                |            |              |          |                       |

Sheet no. 6 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,903.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Robinson, Sophia P

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)               | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>9003</b><br><b>Jefferson Capital Syst</b><br><b>16 McLeland Rd</b><br><b>Saint Cloud, MN 56303-2198</b> |   | <b>Open account opened 10/08</b>   |            |              |          | <b>474.00</b>         |
| ACCOUNT NO.<br><b>Reward660 Visa Dakota Bnk</b>  |   | <b>Assignee or other notification for:<br/>Jefferson Capital Syst</b>                              |            |              |          |                       |
| ACCOUNT NO. <b>8003</b><br><b>Jefferson Capital Syst</b><br><b>16 McLeland Rd</b><br><b>Saint Cloud, MN 56303-2198</b> |   | <b>Open account opened 5/08</b>  |            |              |          | <b>179.00</b>         |
| ACCOUNT NO.<br><b>Salute Visa Gold</b>   |   | <b>Assignee or other notification for:<br/>Jefferson Capital Syst</b>                              |            |              |          |                       |
| ACCOUNT NO. <b>906r</b><br><b>Metropltn Au</b><br><b>2212 W 147th St</b><br><b>Dixmoor, IL 60426-1029</b>              |   | <b>Installment account opened 1/07</b>   |            |              |          | <b>3,887.00</b>       |
| ACCOUNT NO. <b>6447</b><br><b>Midland Credit Mgmt</b><br><b>8875 Aero Dr</b><br><b>San Diego, CA 92123-2251</b>        |   | <b>Open account opened 5/07</b>  |            |              |          | <b>858.00</b>         |
| ACCOUNT NO.<br><b>Tribute Mastercard</b>   |   | <b>Assignee or other notification for:<br/>Midland Credit Mgmt</b>                                 |            |              |          |                       |

Sheet no. 7 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,398.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>1059</b><br><b>Midland Credit Mgmt</b><br><b>8875 Aero Dr</b><br><b>San Diego, CA 92123-2251</b>   |   | <b>Open account opened 6/07</b>  |            |              |          | <b>846.00</b>         |
| ACCOUNT NO.<br><b>Aspen Mastercard</b>  |   | <b>Assignee or other notification for:</b><br><b>Midland Credit Mgmt</b>                           |            |              |          |                       |
| ACCOUNT NO. <b>7921</b><br><b>Mutual Hsp Svcs In</b><br><b>2525 N Shadeland Ave</b><br><b>Indianapolis, IN 46219-1787</b>   |   | <b>Open account opened 3/04</b>  |            |              |          | <b>96.00</b>          |
| ACCOUNT NO.<br><b>St James Hosp</b>   |   | <b>Assignee or other notification for:</b><br><b>Mutual Hsp Svcs In</b>                            |            |              |          |                       |
| ACCOUNT NO. <b>6577</b><br><b>National City</b><br><b>C/O Allied Interstate</b><br><b>3000 Corporate Exchange Dr 5th Fl</b><br><b>Columbus, OH 43231-7689</b>             |   | <b>Collections</b>   |            |              |          | <b>677.00</b>         |
| ACCOUNT NO. <b>5640</b><br><b>Nicor Gas</b><br><b>1844 W Ferry Rd</b><br><b>Naperville, IL 60563-9662</b>   |   | <b>Open account opened 11/07</b>   |            |              |          | <b>1,899.00</b>       |
| ACCOUNT NO. <b>1359</b><br><b>Palisades Acquisition</b><br><b>C/O Blatt Hasenmiller Leibsker Moore</b><br><b>125 S Wacker Dr Ste 400</b><br><b>Chicago, IL 60606-4440</b> |   | <b>Judgment</b>  |            |              |          | <b>1,111.00</b>       |

Sheet no. 8 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,629.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Robinson, Sophia P

Case No.

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>Pls Loan Store</b><br><b>177 W Lake St</b><br><b>Chicago, IL 60601-3101</b>            |   | <b>Collections</b>   |            |              |          | <b>450.00</b>         |
| ACCOUNT NO.<br><b>Robert M Wolfberg</b><br><b>300 N Elizabeth St</b><br><b>Chicago, IL 60607-1143</b>    |   | <b>Assignee or other notification for:</b><br><b>Pls Loan Store</b>                                |            |              |          |                       |
| ACCOUNT NO. <b>5802</b><br><b>Rmi/mcsi</b><br><b>3348 Ridge Rd</b><br><b>Lansing, IL 60438-3112</b>      |   |  |            |              |          | <b>250.00</b>         |
| ACCOUNT NO.<br><b>04 Village Of Park Forest</b>  |   | <b>Assignee or other notification for:</b><br><b>Rmi/mcsi</b>                                      |            |              |          |                       |
| ACCOUNT NO. <b>1703</b><br><b>Rmi/mcsi</b><br><b>3348 Ridge Rd</b><br><b>Lansing, IL 60438-3112</b>      |   |  |            |              |          | <b>250.00</b>         |
| ACCOUNT NO.<br><b>City Of Country Club Hills</b>   |   | <b>Assignee or other notification for:</b><br><b>Rmi/mcsi</b>                                      |            |              |          |                       |
| ACCOUNT NO. <b>7119</b><br><b>Rmi/mcsi</b><br><b>3348 Ridge Rd</b><br><b>Lansing, IL 60438-3112</b>      |   |  |            |              |          | <b>250.00</b>         |

Sheet no. **9** of **12** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,200.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Robinson, Sophia P

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.<br><b>City Of Country Club Hills</b>  |   | <b>Assignee or other notification for:<br/>Rmi/mcsi</b>  |            |              |          |                       |
| ACCOUNT NO. <b>7230</b><br><b>Rmi/mcsi</b><br><b>3348 Ridge Rd</b><br><b>Lansing, IL 60438-3112</b>       |   |  |            |              |          | <b>250.00</b>         |
| ACCOUNT NO.<br><b>Village Of Park Forest</b>  |   | <b>Assignee or other notification for:<br/>Rmi/mcsi</b>  |            |              |          |                       |
| ACCOUNT NO. <b>4667</b><br><b>Rmi/mcsi</b><br><b>3348 Ridge Rd</b><br><b>Lansing, IL 60438-3112</b>       |   |  |            |              |          | <b>75.00</b>          |
| ACCOUNT NO.<br><b>04 Village Of Richton Park</b>  |   | <b>Assignee or other notification for:<br/>Rmi/mcsi</b>  |            |              |          |                       |
| ACCOUNT NO. <b>0726</b><br><b>Sallie Mae</b><br><b>1002 Arthur Dr</b><br><b>Lynn Haven, FL 32444-1683</b> |   | <b>Installment account opened 7/06</b>   |            |              |          | <b>4,685.00</b>       |
| ACCOUNT NO. <b>0412</b><br><b>Sallie Mae</b><br><b>1002 Arthur Dr</b><br><b>Lynn Haven, FL 32444-1683</b> |   | <b>Installment account opened 4/07</b>   |            |              |          | <b>3,754.00</b>       |

Sheet no. 10 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **8,764.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)  | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>0412</b><br><b>Sallie Mae</b><br><b>1002 Arthur Dr</b><br><b>Lynn Haven, FL 32444-1683</b>   |   | <b>Installment account opened 4/07</b>   |            |              |          | <b>3,113.00</b>       |
| ACCOUNT NO. <b>0726</b><br><b>Sallie Mae</b><br><b>1002 Arthur Dr</b><br><b>Lynn Haven, FL 32444-1683</b>   |   | <b>Installment account opened 7/06</b>   |            |              |          | <b>2,802.00</b>       |
| ACCOUNT NO.<br><b>St James Hospital And Health Center</b><br><b>37653 Eagle Way</b><br><b>Chicago, IL 60678-0001</b>                                    |   | <b>Medical or Dental Bill</b>  |            |              |          | <b>720.00</b>         |
| ACCOUNT NO.<br><b>Pellettieri And Assoc</b><br><b>991 Oak Creek Dr</b><br><b>Lombard, IL 60148-6408</b>   |   | <b>Assignee or other notification for:</b><br><b>St James Hospital And Health Center</b>           |            |              |          |                       |
| ACCOUNT NO. <b>3484</b><br><b>Thorncreek Townhomes</b><br><b>Jerome Citron, Esq</b><br><b>120 W Madison St Ste 701</b><br><b>Chicago, IL 60602-4165</b> |   | <b>Collections</b>   |            |              |          | <b>0.00</b>           |
| ACCOUNT NO.<br><b>Us Cellular</b><br><b>PO Box 203</b><br><b>Palatine, IL 60055-0203</b>  |   | <b>Collections</b>   |            |              |          | <b>100.00</b>         |
| ACCOUNT NO.<br><b>Verizon Wireless</b><br><b>777 Big Timber Rd</b><br><b>Elgin, IL 60123-1401</b>   |   | <b>Collections</b>   |            |              |          | <b>636.00</b>         |

Sheet no. 11 of 12 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,371.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE Robinson, Sophia P

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)         | CODEBTOR<br>HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. <b>0001</b><br><b>Verizon Wireless/great</b><br><b>Natinal Recovery D</b><br><b>Folsom, CA 95630</b> |   | <b>Open account opened 7/08</b>  |            |              |          | <b>636.00</b>         |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |
| ACCOUNT NO.  |   |  |            |              |          |                       |

Sheet no. **12** of **12** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **636.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **52,647.86**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

|   |                                 |   |
|---|---------------------------------|---|
| Debtor's Marital Status<br><b>Single</b>  | DEPENDENTS OF DEBTOR AND SPOUSE |   |
|   | RELATIONSHIP(S):                | AGE(S):<br><b>11</b><br><b>10</b><br><b>7</b> |
| EMPLOYMENT: DEBTOR  |                                 | SPOUSE  |
| Occupation <b>Lpn</b><br>Name of Employer <b>Midway Neurological And Rehab</b><br>How long employed <b>1 years</b><br>Address of Employer |                                 |   |

|  |                    |        |
|--|--------------------|--------|
| <b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)  | DEBTOR             | SPOUSE |
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)  | \$ <b>4,617.17</b> | \$     |
| 2. Estimated monthly overtime  | \$                 | \$     |
| <b>3. SUBTOTAL</b>   | <b>\$ 4,617.17</b> |        |
| 4. LESS PAYROLL DEDUCTIONS   |                    |        |
| a. Payroll taxes and Social Security   | \$ <b>916.87</b>   | \$     |
| b. Insurance   | \$                 | \$     |
| c. Union dues  | \$                 | \$     |
| d. Other (specify)   | \$                 | \$     |
| <b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>   | <b>\$ 916.87</b>   |        |
| <b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>  | <b>\$ 3,700.30</b> |        |
| 7. Regular income from operation of business or profession or farm (attach detailed statement)   | \$                 | \$     |
| 8. Income from real property   | \$                 | \$     |
| 9. Interest and dividends  | \$                 | \$     |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above                     | \$                 | \$     |
| 11. Social Security or other government assistance (Specify)   | \$                 | \$     |
| 12. Pension or retirement income   | \$                 | \$     |
| 13. Other monthly income (Specify)   | \$                 | \$     |
| <b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>  |                    |        |
| <b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)  | <b>\$ 3,700.30</b> |        |
| <b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15) | <b>\$ 3,700.30</b> |        |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|   |             |
|---|-------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$ 1,350.00 |
| a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>                               |             |
| b. Is property insurance included? Yes No <input checked="" type="checkbox"/>                               |             |
| 2. Utilities:   |             |
| a. Electricity and heating fuel   | \$ 200.00   |
| b. Water and sewer  | \$          |
| c. Telephone  | \$ 100.00   |
| d. Other Cable And Internet   | \$ 100.00   |
| 3. Home maintenance (repairs and upkeep)  | \$          |
| 4. Food   | \$ 650.00   |
| 5. Clothing   | \$ 110.00   |
| 6. Laundry and dry cleaning   | \$ 100.00   |
| 7. Medical and dental expenses  | \$ 100.00   |
| 8. Transportation (not including car payments)  | \$ 200.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$ 50.00    |
| 10. Charitable contributions  | \$          |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |             |
| a. Homeowner's or renter's  | \$          |
| b. Life   | \$          |
| c. Health   | \$          |
| d. Auto   | \$ 120.00   |
| e. Other  | \$          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   |             |
| (Specify)   | \$          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) |             |
| a. Auto   | \$          |
| b. Other  | \$          |
| 14. Alimony, maintenance, and support paid to others  | \$          |
| 15. Payments for support of additional dependents not living at your home                                   | \$          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$          |
| 17. Other Child Care  | \$ 400.00   |
| Personal Care & Grooming  | \$ 120.00   |
| Student Loans   | \$ 100.00   |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,700.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

|  |             |
|--|-------------|
| 20. STATEMENT OF MONTHLY NET INCOME                  |             |
| a. Average monthly income from Line 15 of Schedule I | \$ 3,700.30 |
| b. Average monthly expenses from Line 18 above       | \$ 3,700.00 |
| c. Monthly net income (a. minus b.)                  | \$ 0.30     |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 26 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 20, 2009      Signature: /s/ Sophia P Robinson  
**Sophia P Robinson** Debtor

Date: \_\_\_\_\_      Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Social Security No. (Required by 11 U.S.C. § 110.)

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_      Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Robinson, Sophia P

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT    | SOURCE                                |
|-----------|---------------------------------------|
| 4,617.00  | 2009 Income from employment (monthly) |
| 62,114.00 | 2008 Income from employment           |
| 11,000.00 | 2007 Income from employment           |

### 2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a, or b., as appropriate, and c.

- None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER            | NATURE OF PROCEEDING | COURT OR AGENCY<br>AND LOCATION | STATUS OR<br>DISPOSITION |
|---|----------------------|---------------------------------|--------------------------|
| Palisades Collection v Robinson<br>07SC001359 | Civil                | Will County                     | Judgment                 |

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE   | DATE OF PAYMENT, NAME OF<br>PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY |
|---|--|---|
| Gleason & Gleason<br>77 W Washington, Ste 1218<br>Chicago, IL 60602 |  | 901.00  |

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **March 20, 2009** Signature **/s/ Sophia P Robinson**  
of Debtor **Sophia P Robinson**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*



IN RE:

Robinson, Sophia P

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS      | LIABILITIES  | OTHER       |
|--|----------------------|---------------------|-------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 0.00     |              |             |
| B - Personal Property  | Yes                  | 3                   | \$ 6,350.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |             |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |             | \$ 8,732.00  |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |             | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 13                  |             | \$ 52,647.86 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |             |              |             |
| H - Codebtors  | Yes                  | 1                   |             |              |             |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 1                   |             |              | \$ 3,700.30 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 1                   |             |              | \$ 3,700.00 |
| TOTAL  |                      | 24                  | \$ 6,350.00 | \$ 61,379.86 |             |

IN RE:

Case No. \_\_\_\_\_

Robinson, Sophia P

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount         |
|---|----------------|
| Domestic Support Obligations (from Schedule E)  | \$ 0.00        |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$ 0.00        |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00        |
| Student Loan Obligations (from Schedule F)  | \$ 0.00        |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$ 0.00        |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ 0.00        |
| <b>TOTAL</b>  | <b>\$ 0.00</b> |

**State the following:**

|   |             |
|---|-------------|
| Average Income (from Schedule I, Line 16)   | \$ 3,700.30 |
| Average Expenses (from Schedule J, Line 18)   | \$ 3,700.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 ) | \$ 4,617.17 |

**State the following:**

|  |         |              |
|--|---------|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$ 3,982.00  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |              |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$ 0.00      |
| 4. Total from Schedule F   |         | \$ 52,647.86 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$ 56,629.86 |

IN RE:

Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Sophia P Robinson

Date: March 20, 2009

IN RE:

Robinson, Sophia P

Case No. \_\_\_\_\_

Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

|   |  |
|---|--|
| Property No. 1  |  |
| <b>Creditor's Name:</b><br>Crescent Bank And Trus   | <b>Describe Property Securing Debt:</b><br>04 Pontiac Grand Prix |
| Property will be (check one):<br><input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained<br>If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).<br>Property is (check one):<br><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt |  |
| Property No. 2 (if necessary)   |  |
| <b>Creditor's Name:</b>   | <b>Describe Property Securing Debt:</b>                          |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained<br>If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).<br>Property is (check one):<br><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt                       |  |

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

|                               |                                  |  |
|-------------------------------|----------------------------------|--|
| Property No. 1                |                                  |  |
| <b>Lessor's Name:</b>         | <b>Describe Leased Property:</b> | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Property No. 2 (if necessary) |                                  |  |
| <b>Lessor's Name:</b>         | <b>Describe Leased Property:</b> | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

\_\_\_\_ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **March 20, 2009**

**/s/ Sophia P Robinson**

Signature of Debtor

\_\_\_\_\_  
Signature of Joint Debtor

IN RE:

Case No. \_\_\_\_\_

Robinson, Sophia P

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 47

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: March 20, 2009

/s/ Sophia P Robinson

Debtor

\_\_\_\_\_  
Joint Debtor

Robinson, Sophia P  
4214 204th St  
Matteson, IL 60443-1706

Certegy Payment Recovery  
3500 5th St  
Northport, AL 35476-4723

Diversifd Co  
900 S Highway Dr  
Fenton, MO 63026-2042

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Chase Tax Related Products  
PO Box 1250  
Worthington, OH 43085-1250

Dynasty Properties  
250 Yates Ave Ste 1N  
Calumet City, IL 60409-1864

Account Recovery Servi  
3031 N 114th St  
Wauwatosa, WI 53222-4208

Collect Sys  
8 S Michigan Ave  
Chicago, IL 60603-3357

Emerg Care And Health Org Ltd  
555 W Court St Ste 410  
Kankakee, IL 60901-3675

American Credit Exchan  
5920 S Rainbow Blvd  
Las Vegas, NV 89118-4208

Collmasters  
205 W Randolph St  
Chicago, IL 60606-1867

Fifth Third Bank  
PO Box 630337  
Cincinnati, OH 45263-0337

Arrow Financial Servic  
5996 W Touhy Ave  
Niles, IL 60714-4610

Commercial Check Control  
7250 Beverly Blvd Ste 200  
Los Angeles, CA 90036-2560

First Choice Loans  
407 W Lincoln Hwy  
Chicago Heights, IL 60411-2464

Associated St James Radiologists  
PO Box 3597  
Springfield, IL 62708-3597

Credit Protection Asso  
13355 Noel Rd Ste 2100  
Dallas, TX 75240-6837

Gateway Fin  
6200 State St  
Saginaw, MI 48603-3490

At & T  
PO Box 8100  
Aurora, IL 60507-8100

Creditors Collection B  
755 Almar Pkwy  
Bourbonnais, IL 60914-2392

Gateway Financial Services  
Walinski & Trunkett  
25 E Washington St Ste 1221  
Chicago, IL 60602-1875

Aunt Martha's Youth  
233 W Joe Orr Rd  
Chicago Heights, IL 60411-1744

Credtrs Coll  
755 Almar Pkwy  
Bourbonnais, IL 60914-2392

Guaranty Bank  
PO Box 240200  
Milwaukee, WI 53224-9010

Bank Of America  
PO Box 17322  
Baltimore, MD 21297-0420

Crescent Bank And Trus  
5401 Jefferson Hwy Ste D  
Harahan, LA 70123-4211

I C System  
PO Box 64378  
Saint Paul, MN 55164-0378

Cavalry Portfolio Serv  
7 Skyline Dr Ste 3  
Hawthorne, NY 10532-2162

CVS  
Attn Retail Acct  
PO Box 277  
Chaska, MN 55318-0277

I C System Inc  
PO Box 64378  
Saint Paul, MN 55164-0378

Jefferson Capital Syst  
16 McLeland Rd  
Saint Cloud, MN 56303-2198

Pls Loan Store  
177 W Lake St  
Chicago, IL 60601-3101

Metropoltn Au  
2212 W 147th St  
Dixmoor, IL 60426-1029

Rmi/mcsi  
3348 Ridge Rd  
Lansing, IL 60438-3112

Midland Credit Mgmt  
8875 Aero Dr  
San Diego, CA 92123-2251

Robert M Wolfberg  
300 N Elizabeth St  
Chicago, IL 60607-1143

Mutual Hsp Svcs In  
2525 N Shadeland Ave  
Indianapolis, IN 46219-1787

Sallie Mae  
1002 Arthur Dr  
Lynn Haven, FL 32444-1683

National City  
C/O Allied Interstate  
3000 Corporate Exchange Dr 5th Fl  
Columbus, OH 43231-7689

St James Hospital And Health Center  
37653 Eagle Way  
Chicago, IL 60678-0001

Nationwide Credit Inc  
2015 Vaughn Rd NW Ste 400  
Kennesaw, GA 30144-7802

Thorncreek Townhomes  
Jerome Citron, Esq  
120 W Madison St Ste 701  
Chicago, IL 60602-4165

Nicor Gas  
1844 W Ferry Rd  
Naperville, IL 60563-9662

Us Cellular  
PO Box 203  
Palatine, IL 60055-0203

Northland Group, Inc  
PO Box 390846  
Minneapolis, MN 55439-0846

Verizon Wireless  
777 Big Timber Rd  
Elgin, IL 60123-1401

Palisades Acquisition  
C/O Blatt Hasenmiller Leibsker Moore  
125 S Wacker Dr Ste 400  
Chicago, IL 60606-4440

Verizon Wireless/great  
Natal Recovery D  
Folsom, CA 95630

Pellettieri And Assoc  
991 Oak Creek Dr  
Lombard, IL 60148-6408

Form **1040**

Department of the Treasury—Internal Revenue Service 1273

Document

Page 40 of 50

**U.S. Individual Income Tax Return 2008**

(99) IRS Use Only—Do not write or staple in this space.

**Label**

(See Instructions.)

Use the IRS label.

Otherwise, please print or type.

**Presidential****Election Campaign**L  
A  
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E

|   |                              |   |
|---|------------------------------|---|
| For the year Jan. 1–Dec. 31, 2008, or other tax year beginning , 2008, ending , 20  |                              | OMB No. 1545-0074                                 |
| Your first name and initial<br><b>SOPHIA P</b>  | Last name<br><b>ROBINSON</b> | Your social security number<br><b>355-70-1862</b> |
| If a joint return, spouse's first name and initial  | Last name                    | Spouse's social security number                   |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>4214 204TH STREET</b>                       |                              | ▲ You must enter your SSN(s) above. ▲             |
| City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.<br><b>Matteson, IL 60443</b> |                              |   |
| Checking a box below will not change your tax or refund.  |                              |   |

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ▶ ☐ You ☐ Spouse**Filing Status**

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions**

If more than four dependents, see instructions.

|   |           |   |
|---|-----------|---|
| 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a |           | Boxes checked on 6a and 6b<br>No. of children on 6c who:<br>• lived with you <b>2</b><br>• did not live with you due to divorce or separation (see instructions)<br>Dependents on 6c not entered above<br>Add numbers on lines above ▶ <b>3</b> |
| b <input type="checkbox"/> Spouse   |           |   |
| c Dependents:   |           |   |
| (1) First name  | Last name | (2) Dependent's social security no.   |
| AVA ROBINSON  |           | 355-04-2956   |
| BRANDON ROBINSON  |           | 332-94-7676   |
|   |           | (3) Dependent's relationship to you   |
|   |           | Daughter  |
|   |           | Son   |
|   |           | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)   |
| d Total number of exemptions claimed  |           |   |

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

|  |     |         |
|--|-----|---------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2   | 7   | 62,114. |
| 8a Taxable interest. Attach Schedule B if required   | 8a  |         |
| b Tax-exempt interest. Do not include on line 8a   | 8b  |         |
| 9a Ordinary dividends. Attach Schedule B if required   | 9a  |         |
| b Qualified dividends (see instr.)   | 9b  |         |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)                       | 10  |         |
| 11 Alimony received  | 11  |         |
| 12 Business income or (loss). Attach Schedule C or C-EZ  | 12  |         |
| 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13  |         |
| 14 Other gains or (losses). Attach Form 4797   | 14  |         |
| 15a IRA distributions  | 15a |         |
| b Taxable amount   | 15b |         |
| 16a Pensions and annuities   | 16a |         |
| b Taxable amount   | 16b |         |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                   | 17  |         |
| 18 Farm income or (loss). Attach Schedule F  | 18  |         |
| 19 Unemployment compensation   | 19  |         |
| 20a Social security benefits   | 20a |         |
| b Taxable amount   | 20b |         |
| 21 Other income. List type and amount (see instr.)   | 21  |         |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶                   | 22  | 62,114. |

**Adjusted Gross Income**

|   |     |         |
|---|-----|---------|
| 23 Educator expenses (see instructions)   | 23  |         |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24  |         |
| 25 Health savings account deduction. Attach Form 8889   | 25  |         |
| 26 Moving expenses. Attach Form 3903  | 26  |         |
| 27 One-half of self-employment tax. Attach Schedule SE  | 27  |         |
| 28 Self-employed SEP, SIMPLE, and qualified plans   | 28  |         |
| 29 Self-employed health insurance deduction (see instructions)  | 29  |         |
| 30 Penalty on early withdrawal of savings   | 30  |         |
| 31a Alimony paid b Recipient's SSN ▶  | 31a |         |
| 32 IRA deduction (see instructions)   | 32  |         |
| 33 Student loan interest deduction (see instructions)   | 33  |         |
| 34 Tuition and fees deduction. Attach Form 8917   | 34  |         |
| 35 Domestic production activities deduction. Attach Form 8903   | 35  |         |
| 36 Add lines 23 through 31a and 32 through 35   | 36  |         |
| 37 Subtract line 36 from line 22. This is your adjusted gross income ▶  | 37  | 62,114. |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

VSA

FD100

Form **1040** (2008)



**Tax and Credits**

**Standard Deduction for—**

• People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see instructions.  
• All others:  
Single or Married filing separately, \$5,450  
Married filing jointly or Qualifying widow(er), \$10,900  
Head of household, \$8,000

|     |   |    |         |
|-----|---|----|---------|
| 38  | Amount from line 37 (adjusted gross income)   | 38 | 62,114. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39a |    |         |
| b   | If your spouse itemizes on a sep. return or you were a dual-status alien, see instr. & check here <input type="checkbox"/> 39b  |    |         |
| c   | Check if standard deduction includes real estate taxes or disaster loss, (see instr.) <input type="checkbox"/> 39c  |    |         |
| 40  | Itemized deductions (from Schedule A) or your standard deduction (see left margin)  | 40 | 8,000.  |
| 41  | Subtract line 40 from line 38   | 41 | 54,114. |
| 42  | If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed 6d  | 42 | 10,500. |
| 43  | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | 43 | 43,614. |
| 44  | Tax. (see instr.) Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972  | 44 | 5,971.  |
| 45  | Alternative minimum tax. (see instructions). Attach Form 6251   | 45 |         |
| 46  | Add lines 44 and 45   | 46 | 5,971.  |
| 47  | Foreign tax credit. Attach Form 1116 if required  | 47 |         |
| 48  | Credit for child and dependent care expenses. Attach Form 2441  | 48 |         |
| 49  | Credit for the elderly or the disabled. Attach Schedule R   | 49 |         |
| 50  | Education credits. Attach Form 8863   | 50 |         |
| 51  | Retirement savings contributions credit. Attach Form 8880   | 51 |         |
| 52  | Child tax credit (see instructions). Attach Form 8901 if required   | 52 | 2,000.  |
| 53  | Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695  | 53 |         |
| 54  | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>   | 54 |         |
| 55  | Add lines 47 through 54. These are your total credits   | 55 | 2,000.  |
| 56  | Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-   | 56 | 3,971.  |
| 57  | Self-employment tax. Attach Schedule SE   | 57 |         |
| 58  | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919  | 58 |         |
| 59  | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required   | 59 |         |
| 60  | Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H   | 60 |         |
| 61  | Add lines 56 through 60. This is your total tax   | 61 | 3,971.  |

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

|     |  |     |  |
|-----|--|-----|--|
| 62  | Federal income tax withheld from Forms W-2 and 1099  | 62  | 3,754.   |
| 63  | 2008 estimated tax payments and amount applied from 2007 return  | 63  |  |
| 64a | Earned income credit (EIC)   | 64a |  |
| b   | Nontaxable combat pay election <input type="checkbox"/> 64b  |     |  |
| 65  | Excess social security and tier 1 RRTA tax withheld (see instr.)   | 65  |  |
| 66  | Additional child tax credit. Attach Form 8812  | 66  |  |
| 67  | Amount paid with request for extension to file (see instr.)  | 67  |  |
| 68  | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 68  |  |
| 69  | First-time homebuyer credit. Attach Form 5405  | 69  |  |
| 70  | Recovery rebate credit (see worksheet in the instructions)   | 70  | 1,200.   |
| 71  | Add lines 62 through 70. These are your total payments   | 71  | 4,954.   |
| 72  | If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid  | 72  | 983.   |
| 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>  | 73a | 983.   |
| b   | Routing number XXXXXXXXXX  | c   | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d   | Account number XXXXXXXXXXXXXXXXXXXX  |     |  |
| 74  | Amount of line 72 you want applied to your 2009 estimated tax  | 74  |  |
| 75  | Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions   | 75  | 0.   |
| 76  | Estimated tax penalty (see instructions)   | 76  |  |

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d, or Form 8888.

**Amount You Owe**

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instr.)? ☒ Yes. Complete the following. ☐ No

|                 |                     |           |                |                                      |       |
|-----------------|---------------------|-----------|----------------|--------------------------------------|-------|
| Designee's name | Liberty Tax Service | Phone no. | (708) 748-8050 | Personal identification number (PIN) | 14395 |
|-----------------|---------------------|-----------|----------------|--------------------------------------|-------|

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|  |          |                         |                      |
|--|----------|-------------------------|----------------------|
| Your signature   | Date     | Your occupation         | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | 2/7/2009 | LINCENSE PARTICAL NURSE | (708) 856-0650       |
|  | Date     | Spouse's occupation     |                      |

**Paid**

**Preparer's Use Only**

|  |                          |                          |                        |
|--|--------------------------|--------------------------|------------------------|
| Preparer's signature   | Date                     | Check if self-employed   | Preparer's SSN or PTIN |
|  | 2/7/2009                 | <input type="checkbox"/> | 346-62-8362            |
| Firm's name (or yours if self-employed), address, and ZIP code | Liberty Tax Service      | EIN                      | 26-0889745             |
|  | 2426 Lincoln Hwy         | Phone number             |                        |
|  | Olympia Fields, IL 60461 | (708) 748-8050           |                        |

Form **8879**

1273  
**Document Page 42 of 50**  
**IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

- ▶ Do not send to the IRS. This is not a tax return.  
▶ Keep this form for your records. See instructions.

**2008**

Declaration Control Number (DCN) 00368531014839

Taxpayer's name

SOPHIA P ROBINSON

Social security number

353-70-1262

Spouse's name

Spouse's social security number

**Part I Tax Return Information—Tax Year Ending December 31, 2008 (Whole Dollars Only)**

|   |   |         |
|---|---|---------|
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)                      | 1 | 62,114. |
| 2 Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)                                 | 2 | 3,971.  |
| 3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)                | 3 | 3,754.  |
| 4 Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a) | 4 | 983.    |
| 5 Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)                            | 5 |         |

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Liberty Tax Service to enter or generate my PIN 60212  
ERO firm name Enter five numbers, but do not enter all zeros  
as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Sophia Robinson Date ▶ 2/7/2009

Spouse's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
ERO firm name Enter five numbers, but do not enter all zeros  
as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

36853114395

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Gregory Thomas Date ▶ 2/7/2009

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879** (2008)

VSA

MIDWAY NEUROLOGICAL AND REHAB CTR PAYROLL STUB

|                       |                         |                          |                  |                        |                               |              |              |
|-----------------------|-------------------------|--------------------------|------------------|------------------------|-------------------------------|--------------|--------------|
| Check Number<br>32873 | Period End:<br>01/17/09 | Name<br>ROBINSON, SOPHIA | ID No.<br>100793 | Rate/Salary<br>21.0000 | Department<br>1700.0000       | Depts<br>M 2 | Res<br>N     |
| DESCRIPTION           |                         | HOURS                    | RATE             | EARNINGS               | ADDITIONS/DEDUCTIONS THIS PAY |              |              |
| REG                   |                         | 80.00                    | 21.0000          | 1680.00                | UNIFORM                       |              |              |
| O.T.                  |                         | 09.00                    | 31.5000          | 283.50                 | G% N 319.73                   |              |              |
| SICK                  |                         | 08.00                    | 21.0000          | 168.00                 | 7.50 ALLSTAN                  |              |              |
| 5612.25               |                         | 200.78                   |                  | 59.33                  | 0.00                          | 132.15       | 30.91        |
| GROSS                 |                         | FEDERAL                  |                  | STATE                  | CITY                          | FICA         | MEDICARE TAX |
| 5612.25               |                         | 485.01                   |                  | 154.52                 | 0.00                          | 347.96       | 81.38        |
| THIS PAY              |                         | 200.78                   |                  | 59.33                  | 0.00                          | 132.15       | 30.91        |
| YR TO DATE            |                         | FEDERAL                  |                  | STATE                  | CITY                          | FICA         | MEDICARE TAX |
| 5612.25               |                         | 485.01                   |                  | 154.52                 | 0.00                          | 347.96       | 81.38        |
| DIS-SUI               |                         | DIS-SUI                  |                  | DIS-SUI                | DIS-SUI                       |              |              |
| 0.00                  |                         | 0.00                     |                  | 0.00                   | 0.00                          |              |              |
| NET THIS PAY          |                         | NET THIS PAY             |                  | NET THIS PAY           | NET THIS PAY                  |              |              |
| 1331.10               |                         | 1331.10                  |                  | 1331.10                | 1331.10                       |              |              |

Reliable Health Systems, Inc.



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WIDWAY NEUROLOGICAL AND  
REHABILITATION CENTER  
8540 S. HARLEM AVENUE  
BRIDGEVIEW, IL 60455

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST.<br>STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY.<br>STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
|   |  |

IN RE:

Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **901.00**

Prior to the filing of this statement I have received ..... \$ **901.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**Litigation / Adversary Proceedings**  
**\$400.00 for Motions to Redeem**  
**Credit Counseling Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**March 20, 2009**

Date

**/s/ Troy L Gleason**

Troy L Gleason 6276510  
Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602  
(312) 578-9530 Fax: (312) 578-9524  
troy@chicagobk.com



Certificate Number: 00437-ILN-CC-006418977

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on March 13, 2009, at 3:16 o'clock PM MDT,

Sophia P Robinson received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the  
Northern District of Illinois, an individual [or group] briefing that complied  
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of  
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: March 13, 2009

By /s/Heidi Harlow

Name Heidi Harlow

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Robinson, Sophia P

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet****PART I - DECLARATION OF PETITIONER**

A. To be completed in all cases.

Date: March 12, 2009

I (We) Sophia P Robinson and \_\_\_\_\_, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: \_\_\_\_\_

(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_

(Joint Debtor)